

DEPARTMENT OF THE NAVY  
Office of the Chief of Naval Operations  
Washington, DC 20350-2000

OPNAVINST 1751.1A  
BUMED-06  
23 December 1993

OPNAV INSTRUCTION 1751.1A

**From:** Chief of Naval Operations  
**To:** All Ships and Stations

**Subj:** DEPENDENTS DENTAL PLAN

**Ref:** (a) Title 10, United States Code, Chapter 55, Section 1076a  
(b) 1992 Defense Authorization Act (Section 701)  
(c) Navy Pay and Personnel Procedures Manual, Part 7, Chapter 9  
(d) Source Data System Procedures Manual (SDSPROMAN) (NAVSO P-3069)  
(e) Officer Transfer Manual (NAVPERS 15559)  
(f) Enlisted Transfer Manual (NAVPERS 15909D)

**Encl:** (1) Uniformed Services Active Duty Dependent Dental Plan Enrollment Election, DD 2494 (6-90)  
(2) Supplemental Uniformed Services Active Duty Dependent Dental Plan Enrollment Form, DD 2494-1 (6-90)  
(3) DDP\*DELTA, Form No. U-01

**1. Purpose.** To provide guidance for the administration and management of enrollment, eligibility determination, and premium payroll deduction for dental insurance coverage for dependents of active duty members within the Navy. This is a complete revision and must be read in its entirety.

**2. Cancellation.** OPNAV Instruction 1751.1.

**3. Background**

**a.** The Dependents Dental Plan (DDP) is a congressionally-mandated program established by reference (a) to provide dental insurance for eligible dependents of active duty members of the Uniformed Services. This is a voluntary program that requires monthly payroll deductions for insurance premium payment. Premiums are deducted in the month before the month of coverage, based on the number of dental eligible dependents and the elected coverage for

families in which one or more dependents reside apart from the main family unit or those with children under 4 years of age

**b.** Reference (b) provided for supplemental dental services. Automatic initial enrollment occurred in March of 1993 for all eligible dependents of active duty members who:

(1) Were presently enrolled in the existing DDP.

(2) Had over 24 months left on their current enlistment

(3) Were not on an accompanied overseas tour.

**c.** After the March 1993 automatic enrollment, all subsequent enrollment will be on a voluntary basis. Anyone automatically enrolled in March 1993 had 150 days from 1 March 1993 to disenroll. Use of the program after 1 April 1993 constitutes a 24-month obligation to the program. As long as the dental program was not used during the disenrollment period, all premium deductions from 1 March 1993 were refunded.

**4. Discussion**

**a. Effective Date.** The effective date of coverage for all eligible dependents is the first day of the month following the month in which the completed enrollment form is received and certified by the personnel support detachment (PSD) or personnel office (i.e., member submits a Uniformed Services Active Duty Dependents Dental Insurance Plan Enrollment Election, DD 2494, on 10 June 1993 to the PSD or personnel office; coverage starts 1 July 1993). These dependents must also be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) and possess current identification (ID) cards if age 10 or older. To prevent possible delay in settlement of dental claims, members should not schedule dental appointments until:

(1) The DDP premium deduction appears on their leave and earnings statement (LES).

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(2) The dependent has been enrolled in DEERS for at least a month before the dental appointment.

(3) The dependent, if age 10 or older, possesses a valid ID card.

**b. Benefits.** Specific benefits are discussed in the Evidence of Coverage Booklet provided to each member by DDP\*Delta, the present civilian administrator of the plan. General categories of benefits include:

(1) Diagnostic, Preventive, and Emergency Care. Includes such services as routine oral examinations, twice-per-year cleaning and fluoride treatments, space maintainers, x-rays, laboratory examinations, and minor emergency treatments to relieve pain.

(2) Restorative Care. Includes services such as tooth fillings, stainless steel or plastic crowns for "baby" teeth, and repairs to existing dentures.

(3) Endodontics. Root canal therapy to include pulp capping, pulpotomy, and selected periradicular surgery procedures.

(4) Periodontics. Gum and bone treatment to include gingivectomy, gingival and bony surgery, grafts, and maintenance therapy.

(5) Prosthodontics. Crowns, bridges, and dentures including repair of dentures.

(6) Oral Surgery. Tooth extraction, removal of tumors, biopsy of tissue, drainage of abscesses, resection of mandible, open and closed reduction of facial bones.

(7) Orthodontics. Braces to allow straightening of teeth.

**c. Availability.** Dependents enrolled in DDP may seek space-available dental care from military dental clinics for those procedures not covered by DDP. An exception may be made for those patients involved in dental training programs at military treatment facilities. Naval dental facilities will continue to treat emergency cases regardless of DDP enrollment status. The DDP Evidence of Coverage booklet contains a detailed listing of dental benefits covered under DDP and will be mailed to the sponsor by the DDP contractor following enrollment. These booklets can

also be obtained from a health benefits advisor (HBA) and the DDP contractor.

**d. Cost.** The Assistant Secretary of Defense for Health Affairs annually establishes the individual and family premiums and must publish them 90 days before the effective date. Present guidance from Congress dictates that the insurance premiums will be on a sponsor and Government cost-share basis. The sponsor's share must not exceed \$20.00 per month for family coverage. The dental contractor pays all allowable charges for diagnostic, preventive, or emergency care and 80 percent of allowable charges for restorative care. Members are responsible for the remaining 20 percent for restorative care plus any disallowed charges for services not covered by DDP. The remaining covered procedures are generally covered at no less than 50 percent of allowable charges by the contractor.

**5. Eligibility.** Enrollment is limited to spouses and children of active duty members of the Uniformed Services who intend to remain on active duty for a minimum of 24 months. There must be an intention on the part of the Navy and the active duty member for the member to remain on active duty for the minimum period of enrollment of his or her eligible dependents. Canvasser recruiters are examples of individuals falling into this category. In addition, for these dependents to be eligible for the DDP they must:

**a.** Reside in the 50 states, the District of Columbia, the U.S. Virgin Islands, Puerto Rico, or Guam.

**b.** Be currently enrolled in DEERS.

**c.** Be eligible for Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) benefits.

**d.** If age 10 or older, possess a current ID card.

## **6. Procedures**

### **a. Enrollment**

(1) Enrollment may be initiated by the sponsor at any time and will be effective the first of the month following the month in which the application is received in the personnel office. Changes in enrollment status from individual to family, or family to individual, are effective the first day of the month following the month in which the enrollment change

is made. A dependent added to a sponsor who is already paying family premiums will become eligible for DDP benefits the first of the month following the month in which the change in family status is made to DEERS. The sponsor must submit DD 2494 to the PSD or personnel office to enroll or disenroll from the DDP. The PSD or personnel office will submit NAVCOMPT 3060 or appropriate source data system (SDS) event following references (c) or (d) to the Defense Finance and Accounting Service—Cleveland Center (DFAS-CL) to effect the premium deductions. Enrollment is for a minimum of 24 months and sponsors may disenroll only under conditions specified in paragraph 6d.

(2) All dependent family members age 4 and above (spouse and children) must be enrolled if any member of the family is to be enrolled. The only exception is the enrollment of eligible dependents who reside at a remote location from the rest of the family members who are not enrolled. This exception only applies if the family members not enrolled are receiving space-available care in a service dental treatment facility (e.g., the family residing with sponsor overseas is not enrolled in DDP but a child attending school in the continental United States (CONUS) is enrolled). Children under age 4 are automatically covered under DDP if the sponsor is paying family coverage. Sponsors paying a single premium must specify if that premium is for a dependent over or under age 4. If the sponsor elects a single premium for his or her dependent over age 4, his or her dependents under 4 will not be enrolled in DDP until they are automatically enrolled upon reaching age 4, or the sponsor changes to family premium deductions.

(3) When departing on an accompanied overseas tour to other than the U.S. Virgin Islands, Puerto Rico, or Guam, sponsors should be advised to disenroll dependents who will be residing overseas. DDP is not available overseas and dental care is provided on a space-available basis at overseas military dental treatment facilities. It is the sponsor's responsibility to disenroll dependent members who will be accompanying the active duty member to the overseas assignment where DDP is not available.

(4) Sponsors returning from an accompanied overseas tour should be advised that DDP is not an automatic entitlement and members must complete an election form to enroll their eligible dependents if participation in DDP is desired.

## **b. Forms**

(1) Uniformed Services Active Duty Dependent Dental Plan Enrollment Election (DD 2494): The sponsor must complete the DD 2494 to enroll eligible dependents in DDP if they were not enrolled during the initial involuntary enrollment period. Enclosure (1) is a sample copy of this form. Detailed instructions for submission of the DD 2494 will be contained in references (c) and (d).

(2) Supplemental Uniformed Services Active Duty Dependent Dental Plan (DDP) Enrollment Form (DD 2494-1): Enclosure (2) is a sample copy of this form. Use this form only when dependents are residing in two or more physically separate locations and one household of dependents is receiving space-available care in a service dental treatment facility. Instructions on its use will be provided in references (c) and (d).

(3) DDP\*DELTA, Form U-01: This form, enclosure (3), is completed by the participating dentist following treatment and submitted to the contractor for payment. The sponsor must submit this form if a nonparticipating dentist is used. The dentist performing the service must sign the form to authenticate treatment.

## **c. Collection of Dental Premiums**

(1) Dental premiums for dependents of members in a pay status will be deducted from the member's basic pay by DFAS-CL during coverage periods.

(2) Dental premiums are deducted from the member's basic pay during the month preceding the effective date of the coverage (i.e., the member completes DD 2494 on 10 August 1993; premium deductions start 1 August 1993; coverage starts 1 September 1993). If notice of enrollment (NAVCOMPT 3060 or appropriate SDS event) is received at DFAS-CL after the date the first premium should have been deducted, back premiums will be deducted from the basic pay during the first premium collection pay date following receipt by the DFAS-CL of the notice of enrollment (i.e., the member completes DD 2494 on 30 July 1993, NAVCOMPT 3060 not received at DFAS until 5 August 1993, first payroll deduction will be for July and August 1993 premiums).

(3) Retroactive enrollments, re-enrollments, and disenrollments are not routinely authorized. The

DDP project officer and the DDP eligibility and error resolution coordinator are authorized to make exceptions on an individual case basis.

**d. Termination of Coverage**

**(1) Involuntary Termination**

**(a) Separation or Death of the Sponsor.** Coverage automatically ends on the last day of the month in which separation or death occurs.

**(b) Nonpay Status (i.e., unauthorized absence in excess of 30 days, civilian confinement, military confinement with forfeiture of pay and allowances, leave without pay).** Coverage terminates on the last day of the month in which member reaches 30 days in the nonpay status.

**(c) Expiration of CHAMPUS Eligibility** DDP entitlement ends when a dependent's eligibility to CHAMPUS benefits expires (i.e., expiration of ID card). DEERS determines when a dependent's eligibility for CHAMPUS benefits has expired or ended and directs the DFAS-CL to change a sponsor's DDP premium deduction or premium code accordingly (e.g., coverage changes from family to individual or from individual to no dental eligible dependents). If the sponsor's premium deduction changes from family to individual as the result of an ID card expiration, and if the ID card is subsequently reissued, the dependent's entitlement to DDP will automatically be restarted on the first day of the month following the month the dependent is updated in DEERS. If the initial CHAMPUS eligibility start date is not changed when the dependent is updated in DEERS, a retroactive re-enrollment in DDP can be requested through the DDP project officer or the DDP eligibility and error resolution coordinator to prevent any loss in DDP coverage. If the sponsor's premium deduction was changed from family or individual to no dental eligible dependents (zero premium code), the member must re-enroll in DDP. This can be accomplished by submission of a NAVCOMPT 3060 or appropriate SDS event to the DFAS from the PSD or personnel office. This should be accomplished after the member reestablishes the dependent's CHAMPUS eligibility.

**(2) Voluntary Termination.** DDP deductions end the last day of the previous month the PSD or personnel office receives the signed DD 2494 to decline DDP. Coverage ends the last day of the month the DD 2494 is received in the PSD or

personnel office. If the sponsor chooses to end DDP coverage for any of the below reasons (with the exception of 6d(2)(b)), all dependents must be disenrolled. Termination of coverage during the 2-year minimum enrollment period is not permitted due to a change in premium rate. Voluntary termination of coverage can only be authorized when the:

**(a)** Sponsor has been enrolled in the program for over 24 months.

**(b)** Dependents accompany sponsor to an overseas duty station (member may disenroll only those dependents residing overseas and continue enrollment of dependents remaining in CONUS). It is the sponsor's responsibility to disenroll from DDP if his or her dependents accompany him or her to an overseas assignment where DDP is not available. Disenrollment should occur within 90 days of the dependents departure from CONUS.

**(c)** Member no longer has eligible dependents (certifying officer must cite verifying documentation).

**7. Operational Interfaces**

**a.** The Office of the Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS) administers the DDP contract for the Department of Defense (DoD) (Assistant Secretary of Defense (Health Affairs)).

**b.** The Defense Enrollment Eligibility Reporting System (DEERS) and the Defense Manpower Data Center (DMDC):

**(1)** Maintains DDP master eligibility file.

**(2)** Provides eligibility information to the DDP contractor.

**(3)** Provides the DFAS-CL with changes in a dependent's status, such as dropping a family member reaching age 21 or adding a child reaching age 4.

**(4)** Provides the DDP eligibility and error resolution coordinator with a monthly error resolution tape which consists of discrepancies between the DFAS-CL premium information tape and the DDP master eligibility file.

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**c.** DDP Contractor (currently Delta Dental Plan of California):

(1) Verifies eligibility and pays claims based on the information provided to them by DEERS and DMDC.

(2) Provides points of contact and procedures for questioning or contesting denied claims

(3) Produces a microfiche listing of participating providers to all HBAs and other designated commands on a quarterly basis

(4) Distributes Evidence of Coverage booklets.

(5) Establishes enrollment representatives who will conduct annual site visits to the major installations and provide briefings on DDP at HBA basic and regional training conferences.

(6) Establishes marketing activities including welcome packets to newly enrolled sponsors, advertisements in military periodicals and base newspapers, and provision of newsletters to project officers, HBAs, and participating providers.

**d.** DEERS support office makes determinations for settlement of previously denied DDP claims.

**e.** Defense Finance and Accounting Service—Cleveland Center (DFAS-CL)

(1) Receives enrollment information via military pay order, NAVCOMPT 3060 or appropriate SDS event input initiated by the member's PSD or personnel office.

(2) Provides DEERS and DMDC with a DDP premium information tape on a monthly basis.

(3) Provides a representative at the quarterly OCHAMPUS dental project officers' meeting.

**f.** Bureau of Medicine and Surgery (BUMED)

(1) Provides the Navy DDP project officer who serves in an advisory role to OCHAMPUS on matters of enrollment, eligibility, and premium payroll deductions. The project officer will attend the quarterly OCHAMPUS dental project officers' meeting.

(2) Administers the Navy's portion of this cost-sharing insurance program

**g.** Bureau of Naval Personnel (BUPERS)

(1) Provides a DDP eligibility and error resolution coordinator who

(a) Acts as the Navy point of contact for problems dealing with an individual's enrollment, eligibility verification, payroll deduction, or denied claim.

(b) Receives monthly error tape from DEERS and DMDC, and takes appropriate action to resolve discrepancies

(c) Attends quarterly OCHAMPUS dental project officers' meeting

(2) Provides a representative from the Personnel and Pay Administrative Support System (PASS) program office BUPERS (PERS-331) to attend the quarterly OCHAMPUS dental project officers' meeting.

**h.** PSD and personnel offices are responsible for properly enrolling and disenrolling individuals in the DDP and providing the necessary documentation to DFAS-CL. Special care must be taken to brief individuals arriving from or departing to overseas locations. References (e) and (f) provide guidance.

**i.** Parent commands are responsible for ensuring that their personnel are counseled regarding the DDP and assisting them in completing the DD 2494.

**j.** HBAs located at the nearest medical treatment facility will provide counseling on DDP and maintain a list of participating dentists and other detailed information regarding the program.

## 8. Information Requirements

**a.** DFAS-CL will provide DMDC with a monthly report of all active duty Navy members enrollment status in DDP. This includes members who are not enrolled in DDP as well as changes to DDP status. (Disenrollments, changes to premiums, and initial starts.)

**b.** DEERS and DMDC

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(1) Provides DFAS-CL with a monthly report of all changes in dental-eligible family size (resulting from marriage, divorce, age change of children, or expiration of CHAMPUS entitlement) that affect dental insurance coverage

(2) Provides the DDP eligibility and error resolution coordinator with a monthly report of any discrepancies or irregularities in matching payroll deduction information and dental-eligible family size in DEERS' DDP master file.

**9. Marketing.** Commanding officers and officers in charge should use internal media to ensure their personnel are aware of the benefits of this dental program and support the marketing activities of the DDP contractor

**10. Report and Forms**

a. The Monthly Report of Dental Insurance Deductions required by paragraph 8, is assigned report control symbol DD-HA (M)1814(1751). This requirement is approved by the Chief of Naval Operations for 3 years from the date of this instruction.

b. DD 2494 (6-90), Uniformed Services Active Duty Dependent Dental Plan Enrollment Election, S/N 0102-LF-010-9600 and NAVCOMPT 3060 (5-72), Military Pay Order, S/N 0104-LF-710-6101, are available from the Navy Supply System and may be requisitioned per NAVSUP P-2002D.

c. Form U-01 (7-91), DDP\*Delta, is available from the DDP contractor, the HBAs, or the DDP eligibility and error resolution coordinator.

d. DD 2494-1 (6-90), Supplement Uniformed Services Active Duty Dependent Dental Plan Enrollment Form, is approved for local reproduction

S. R. ARTHUR

Vice Chief of Naval Operations

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## UNIFORMED SERVICES ACTIVE DUTY DEPENDENT DENTAL PLAN (DDP) ENROLLMENT ELECTION

(Read Privacy Act Statement on reverse before completing form)

### INSTRUCTIONS

**IMPORTANT:** ELIGIBILITY FOR DDP CLAIMS PAYMENT IS BASED UPON DEERS ELIGIBILITY FOR CHAMPUS. WHEN ENROLLING OR CHANGING DDP ENROLLMENT, MAKE SURE YOUR DEERS INFORMATION IS CORRECT. EXPIRED ID CARDS WILL AFFECT YOUR CHAMPUS (and Dental) ELIGIBILITY. CHECK YOUR DEPENDENT'S ID CARD.

**NOTE:** CHANGES IN FAMILY STATUS (*gains and losses*) THAT AFFECT YOUR DENTAL PREMIUM MUST BE REPORTED TO DEERS USING A DD FORM 1172.

DDP Enrollment is for a minimum of two (2) years, unless:

- (1) Dependents lose their DEERS eligibility; or
- (2) Spouse becomes entitled to another dental care plan; or
- (3) Sponsor and dependents transfer OCONUS; or
- (4) Sponsor and dependents transfer to a CONUS location.

All family members must be enrolled if any members are enrolled, except:

- (1) Sponsors with one (1) dependent over 4 and one (1) dependent under 4 may elect to enroll as a single premium with only the dependent over 4 being eligible for the DDP; or
- (2) Dependents residing in physically separate locations where one of the households of dependents is receiving space-available dental care. Those dependents not receiving space-available dental care may be enrolled in the DDP using DD Form 2494-1 (DDP Supplemental Enrollment Form)

**REMINDER:** The DDP is a "prepaid" program, which means payments are made in advance of coverage. TO AVOID UNPAID CLAIMS, CHECK YOUR LES TO ENSURE THE APPROPRIATE DEDUCTION IS BEING TAKEN FROM YOUR PAY BEFORE USING THE DDP. Coverage shall begin the first day of the month following receipt of this form by your personnel activity. For example, a deduction in January covers your dependent(s) for February.

### SECTION I - ACTIVE DUTY MEMBER ELIGIBILITY INFORMATION

1. SPONSOR'S NAME (Last, First, Middle Initial)	2. SPONSOR'S SOCIAL SECURITY NUMBER	3. SPONSOR'S GRADE
4. SPONSOR'S UNIT	5. DATE OF EXPIRATION OF SERVICE OR CONTRACT (As extended) (YYMMDD)	

### SECTION II - COVERAGE INFORMATION

6. ELECTION OF COVERAGE (Enrollment activity must do a DEERS check to verify the information below.)			
a. SINGLE PREMIUMS (X the block that describes your dependency status)		b. FAMILY PREMIUMS (X this block if you have more than one Dental dependent eligible regardless of the dependents' ages)	
1	I have a sole (one) dependent over age four (4) for whom I am electing coverage	2	I have more than one (1) dependent for whom I am electing coverage
3	I have a sole (one) dependent under age four (4) for whom I am electing coverage	<b>NOTE:</b> If the above block is marked, all eligible dependents regardless of age will be enrolled.	
1	I have one (1) dependent over age four (4) for whom I am electing coverage and one (1) or more dependents under age four (4) for whom I am not electing coverage		
c. ENTER PREMIUM CODE (Found to the left of the marked block)			

FOR PERSONNEL FINANCE USE:

OPNAVINST 1751.1A  
23 Dec 93

INTERNAL CONTROL NUMBER - DELTA USE ONLY

**DDP★DELTA**

The Uniformed Services Active Duty Dependents Dental Plan

ADMINISTERED AND UNDERWRITTEN BY DELTA DENTAL PLANS  
DELTA DENTAL PLAN OF CALIFORNIA DELTA DENTAL PLAN OF

DELTA DENTAL PLAN OF CALIFORNIA  
P.O. BOX 269023

DELTA DENTAL PLAN OF MICHIGAN  
P.O. BOX 9098

P.O. BOX 1088  
FARMINGTON

FARMINGTON HILLS, MI 48335-0000



<b>PATIENT NAME</b>		<b>2 RELATIONSHIP TO SPONSOR</b> SPOUSE CHILD OTHER		<b>3 SEX</b> M F		<b>4 PATIENT BIRTHDATE</b> MO DAY YEAR		<b>5 IF FULL TIME STUDENT</b> SCHOOL CITY		
<b>6 SPONSOR NAME</b>		<b>FIRST MIDDLE LAST</b>		<b>7 SPONSOR SOCIAL SECURITY NO.</b>		<b>8 SPONSOR BIRTHDATE</b> MO DAY YEAR		<b>9a UNIFORMED SERVICE</b> <input type="checkbox"/> US ARMY <input type="checkbox"/> US NAVY <input type="checkbox"/> US AIR FORCE <input type="checkbox"/> US MARINE CORPS <input type="checkbox"/> US COAST GUARD <input type="checkbox"/> NAT'L OCEANIC & ATMOSPHERIC ADMINISTRATION <input type="checkbox"/> US PUBLIC HEALTH SERVICES <b>RANK:</b>		
<b>9b PATIENT MAILING ADDRESS</b>				<b>10c PATIENT PHONE NO.</b>						
<b>CITY STATE ZIP</b>				<b>ZIP CODE</b>						
<b>11 IS PATIENT COVERED BY ANOTHER PLAN OF DENTAL BENEFITS? IF YES COMPLETE ITEMS 12 THRU 15</b> YES _____ NO _____				<b>12a NAME AND ADDRESS OF CARRIER(S) ITEM 11</b>		<b>12b GROUP NUMBER</b>		<b>13 NAME AND ADDRESS OF EMPLOYER ITEM 11</b>		
<b>14a INSURED'S NAME ITEM 11 (IF DIFFERENT FROM PATIENT'S)</b>				<b>14b INSURED'S SOCIAL SECURITY NO.</b>		<b>14c INSURED'S BIRTHDAY</b> MO DAY YEAR		<b>15a RELATIONSHIP TO PATIENT</b> SELF SPOUSE PARENT OTHER		
<b>16a DENTIST NAME</b>				<b>16b ST CODE LICENSE NO.</b>		<b>24 IS TREATMENT RESULT OF OCCUPATIONAL ILLNESS OR INJURY?</b>		<b>NO YES</b> IF YES, ENTER DATES, BRIEF DESCRIPTION AND ANY AMOUNT PAID		
<b>17 MAILING ADDRESS</b>				<b>ZIP CODE</b>		<b>25 IS TREATMENT RESULT OF AUTO ACCIDENT?</b>				
<b>CITY STATE ZIP</b>						<b>26 OTHER ACCIDENT?</b>				
<b>18 DENTIST SOC SEC NO OR TIN</b>				<b>20 DENTIST PHONE NUMBER</b>		<b>Delta Use Only</b>				
<b>2 PLACE OF TREATMENT</b> OFFICE HOMEWORKSHOP OTHER				<b>23a X-RAYS ENCLD?</b> HOW MANY		<b>23b OTHER ENCLOSURES? INDICATE TYPE</b>				
<b>31 EXAMINATION AND TREATMENT RECORD LIST IN ORDER FROM TOOTH NO. 1 THROUGH TOOTH NO. 32 USE CHARTING SYSTEM SHOWN</b>										
<b>IDENTIFY MISSING TEETH WITH "X"</b>		<b>TOOTH NO. OR LETTER</b>	<b>SURFACES</b>	<b>DESCRIPTION OF SERVICE (INCLUDING X RAYS, PROPHYLAXIS, MATERIALS USED, ETC.)</b>		<b>DATE SERVICE PERFORMED</b> MO   DAY   YR		<b>QTY.</b>	<b>PROCEDURE NUMBER</b>	<b>FEE</b>
<b>32 COMMENTS</b>										
						<b>33 TOTAL FEE CHARGED</b>				
<b>34 MY DENTIST MAY GIVE DELTA AND ANY OTHER CARRIER NAMED ABOVE INFORMATION ABOUT MY DENTAL CONDITION OR TREATMENT NEEDED TO DETERMINE BENEFITS FOR UP TO 5 YEARS FROM THIS DATE</b>						<b>35 TREATMENT COMPLETED PARTICIPATING PROVIDER REQUESTING PAYMENT THE TREATMENT LISTED WAS COMPLETED AND WAS NECESSARY IN MY PROFESSIONAL JUDGMENT REQUEST PAYMENT IN ACCORDANCE WITH THE APPLICABLE DELTA PARTICIPATING DENTIST RULES.</b>				
<b>SIGNATURE _____ DATE _____</b>						<b>SIGNATURE _____ DATE _____</b>				
<b>36 TREATMENT COMPLETED BY NON-PARTICIPATING PROVIDER THE TREATMENT LISTED WAS COMPLETED AND WAS NECESSARY IN MY PROFESSIONAL JUDGMENT</b>						<b>37 SPECIAL PAYEE INFORMATION (SEE BENEFIT BOOKLET)</b>				
<b>SIGNATURE _____ DATE _____</b>						<b>NAME(PLEASE PRINT) _____ ADDRESS _____</b>				
<b>SIGNATURE _____ DATE _____</b>						<b>CITY _____ STATE _____ ZIP _____</b>				

ORIGINAL — SEND TO DELTA

**COPY — RETAIN FOR YOUR RECORDS**

FORM NO. U-01

Enclosure (3)